FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

USE ONL	Y
	Serial
RECEIVE	D
	USE ONL RECEIVE

Name of Offering (check if this is an amendment :	and name has changed, and indicate change.)	
Membership Units - A Series Units		25CENTO CONTRACTOR OF THE PARTY
Filing Under (Check box(es) that apply): Rule 504	☐ Rule 505 ☐ Rule 506 ☐ Section 4(6)	ULOE
Type of Filing: New Filing Amendment		
	A. BASIC IDENTIFICATION DATA	SEP 0 2 2005 /
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and	name has changed, and indicate change.)	
OfficePower, L.L.C.		198/89
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
200 Connecticut Avenue, 5thFl., Norwalk, Connecticu	t 06854-1907	203-852-0620
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		
Independent provider of electricity and electric power	services to multi-tenant office buildings located in so	elected markets across the United States.
Type of Business Organization		
☐ corporation	limited partnership, already formed	⊠other (please specify); LLC
business trust	☐ limited partnership, to be formed	PROCESSED
	Month Year	- OCCUP
Actual or Estimated Date of Incorporation or Organiza	tion: 0 7 2001 🛛 Actual	☐ Estimated CED a 7 ages
Jurisdiction of Incorporation or Organization: (Enter t	wo-letter U.S. Postal Service Abbreviation for State	DE SEP 0 / 2005
CN for	Canada; FN for other foreign jurisdiction)	THINSON
GENERAL INSTRUCTIONS		FIRE NCIA

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or the contract of the vote of disposition of disposition of disposition of disposition of disposition of d	
Each executive officer and director of corporate issuers and of corporate general and managing partners	of partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply:	ector General and/or Managing Partner
Full Name (Last name first, if individual)	
Wilson, Joel R.	
Business or Residence Address (Name and Street, City, State, Zip Code)	
c/o OfficePower, L.L.C. 200 Connecticut Avenue, 5thFl., Norwalk, Connecticut 06854-1907	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Direction	ctor General and/or Managing Partner
Full Name (Last name first, if individual)	
Jannino, Robert W.	
Business or Residence Address (Name and Street, City, State, Zip Code)	
c/o OfficePower, L.L.C. 200 Connecticut Avenue, 5thFl., Norwalk, Connecticut 06854-1907	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Kesselman, Richard M.	
Business or Residence Address (Name and Street, City, State, Zip Code)	
c/o OfficePower, L.L.C. 200 Connecticut Avenue, 5thFl., Norwalk, Connecticut 06854-1907	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Slember, Richard J.	
Business or Residence Address (Name and Street, City, State, Zip Code)	
c/o OfficePower, L.L.C. 200 Connecticut Avenue, 5thFl., Norwalk, Connecticut 06854-1907	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Name and Street, City, State, Zip Code)	
	· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Name and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Name and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as	necessary)

B. INFORMATION ABOUT OFFERING						
1 U. de insural de de insural de all de manda de la companya de la		es	No			
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.			\boxtimes			
What is the minimum investment that will be accepted from any individual?	\$7	2 <u>,500</u>				
	Y	es	No			
 Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or sin 		lion	\boxtimes			
for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or	agent of a bro	ker				
or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) person associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	ns to be listed	are				
Full Name (Last name first, if individual)	<u> </u>					
Business or Residence Address (Number and Street, City, State, Zip Code)						
Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
(Check "All States" or check individual States)	All States					
AL AK AZ AR CA CO CT DE DC FL GA	HI	ID	7			
			ن			
IL IN IA KS KY LA ME MD MA MI MN	MS	МО				
MT NE NV NH NJ NM NY NC ND OH OK	OR	PA				
			_			
RI SC SD TN TX UT VT VA WA WV WI	WY	PR	J			
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Business of Residence Address (Falineer and Street, City, State, 21p Code)						
Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
(Check "All States" or check individual States).	All States					
AL AK AZ AR CA CO CT DE DC FL GA	HI	ID	7			
		MO	- , -,			
IL IN IA KS KY LA ME MD MA MI MN	MS	МО				
MT NE NV NH NJ NM NY NC ND OH OK	OR	PA				
RI SC SD TN TX UT VT VA WA WV WI	WY	PR]			
Tall Name /Lest name First (Findingles)						
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
(Check "All States" or check individual States)						
AL AK AZ AR CA CO CT DE DC FL GA	HI	ID]			
IL IN IA KS KY LA ME MD MA MI MN	MS	МО	٦			
		PA	7			
	OR		_			
RI SC SD TN TX UT VT VA WA WV WI	WY	PR				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security		
		Aggregate Offering Price	Amount Already Sold
	Debt	-	\$
	Equity		\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
			\$
	Partnership Interests		5 450,000
	Other (Specify: Membership Units)	\$ 4,723,000	\$_450,000
	Total	\$ <u>4,725,000</u>	\$_450,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$ 450,000
	Non-accredited investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	in Part C - Question 1.	Type of	Dollar Amount
	Time of offering	Security	Sold
	Type of offering		
	Rule 505		=
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_75,000
	Accounting Fees		\$ <u></u>
	Engineering Fees		s
			
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	\boxtimes	\$ <u>75,000</u>

	C. OFFERING	PRICE, NUMBER OF INVESTORS, EXPENS	SES AN	D USE OF PROCE	EDS	
b.	Question 1 and total expenses furnish	gregate offering price given in response to Pened in response to Part C – Question 4.a. This difference."	ference		\$ <u>4,650,000</u>	
5.	be used for each of the purposes sho an estimate and check the box to the	ijusted gross proceeds to the issuer used or propose. If the amount for any purpose is not known, le left of the estimate. The total of the payment ceeds to the issuer set forth in response to Page 1997.	furnish ts listed			
				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and i	nstallation of machinery and equipment		\$		\$
	Construction or leasing of plant	buildings and facilities		\$		\$
		(including the value of securities involved in a exchange for the assets or securities of ger)		\$		\$
	Repayment of indebtedness			\$		\$
	Working capital			\$	\boxtimes	\$ <u>4,650,000</u>
	Other (specify):			\$		\$
				\$		\$
				\$	\boxtimes	\$4,650,000
		totals added)	_			
		,		<u> </u>		
		D. FEDERAL SIGNATURE				
sig	nature constitutes an undertaking by th	be signed by the undersigned duly authorized per- e issuer to furnish to the U.S. Securities and Exclusion on-accredited investor pursuant to paragraph (l	hange Co	ommission, upon wri		
	uer (Print or Type) ficePower, L.L.C.	Signature		Date August 31, 20	005	
No	ame of Signer (Print or Type)	Title of Signer (Print or Type)				
	chard M. Kesselman	Chief Financial Officer				
- 41		1				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)